

RADNORSHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

Annual Report

OF THE

School Medical Officer,

For the year ended 31st December, 1914.



LLANDRINDOD WELLS:

Printed at Oldbury's Printing Works, Ithon Road.

To the Chairman and Members of the Radnorshire Education
Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Report, that for the year ended 31st December, 1914, on the Medical Inspection of the children attending the Public Elementary Schools in Radnorshire.

The population of the County at the middle of the year 1914 is estimated to have been 22,350, a decrease of 240 since the taking of the Census in 1911. The area of the County is 301,165 acres. It consists of three Urban and five Rural Districts.

The schools are situated as follows : —

Urban Districts.

	Voluntary.	Council.	Total.
Knighton (3 Departments)	1	0	1
Llandrindod Wells	1	1	2
Presteign	2	1	3

Rural Districts.

Colwyn	4	2	6
Knighton	10	5	15
New Radnor	5	3	8
Painscastle	6	0	6
Rhayader	8	3	11
Total	37	15	52

The number of children that can be accommodated in the schools is 4,707.

The average attendance for the County during the year ended 31st December, 1914, was 2,990, the number of children on the registers being 3,516.

Four chief groups of children were medically inspected :—

- (1) Entrants, and those about 5 years of age;
- (2) Those about age 7;
- (3) Those about age 10;
- (4) Those about age 13.

These children consisted of those born in the years 1909, 1907, 1904, and 1901. Entrants born prior to 1909 did not always receive a complete examination, as they would come up for routine medical inspection in 1915. Special cases born in other years than those mentioned, were also inspected when brought to my notice by the Head Teachers, School Attendance Officers, or parents.

During the year 820 children—424 boys and 396 girls—were medically inspected.

The Medical Inspector of the Board of Education at the time of his last visit, went very fully into all matters relating to the School Medical Service in this County, including the arrangements for the co-ordination of the work of the School Attendance Officers with my own work. Since the early part of this year (1914) a scheme has been in operation under which the Head Teachers send every week to the Attendance Officers lists of all children absent from school for any reason. The lists are then forwarded to me by the Attendance Officers with any remarks they have to make. Where illness is probably the reason for absence I have communicated with the parents requesting information as to whether a doctor has been consulted. In this event and where it seems desirable to have a Medical Certificate, the doctor is asked to provide this on a special form, and a fee of 2s. 6d. is paid to the doctor for initial Certificates, and 1s. for Continuation Certificates. This expenditure has been sanctioned by your Committee. This work has considerably increased the clerical work which is required to be done. In this connection I am glad to state that the work of School Attendance and School Medical Service, hitherto carried out by two separate Sub-Committees, is now entrusted to one Committee acting for both purposes.

The appointment of Mr. R. Phillip Gough to be my Clerk will relieve me of much clerical work, and I shall, when again resuming my duties in the County, be able to devote much more time to the duties of Medical Inspection and School Hygiene.

During the year, Miss Mina Lloyd, one of the Lecturers of the Welsh National Memorial Association, has paid a visit to every elementary school in the County with the object of instructing the children in matters relating to the prevention of tuberculosis and to hygiene generally. I feel convinced that these short talks will be productive of much good.

My services have been accepted by the War Office in connection with my offer to do duty with the Royal Army Medical Corps during the period of the war.

I desire to tender my thanks to the Education Committee for granting me leave of absence to take up this work.

I am,

Your obedient servant,

LAURENCE W. POLE, M.B., D.P.H.,

County Medical Officer of Health.
School Medical Officer.

On the 1st November, 1914, Dr. Pole was called upon to serve with the Royal Army Medical Corps, and in accordance with the arrangements made, I, on that date took up duties as Acting County Medical Officer and School Medical Officer.

(Signed) RICHARD HARDING.

County Buildings,
Llandrindod Wells,
February, 1915.

TABLE I.

**NUMBER OF CHILDREN INSPECTED—1st
January, 1914, to 31st December, 1914.**

A—"Code" Groups

Age.	Entrants.					Leavers.				Grand Total.
	3	4	5	6	Total.	12	13	14	Total	
Boys ...	1	22	38	62	123	49	56	...	105	228
Girls ...	3	16	41	72	132	51	48	...	99	231
Totals	4	38	79	134	255	100	104	...	204	459

B—Groups other than "Code."

Age.	Intermediate Groups.							Grand Total.
	7—8			9—10			11	
	7	8	Total	9	10	Total		
Boys ...	59	8	67	71	54	125	4	196
Girls ...	57	9	66	50	46	96	3	165
Totals	116	17	133	121	100	221	7	361

REPORT.

In Table I. (Group A) will be seen the number of children examined in accordance with the requirements of the Board of Education. This table is made up of entrants and leavers, a total of 459 children.

In the intermediate groups—Table I. Group B—a total of 361 children were examined.

In Table II. is set out the physical condition of the children medically inspected. They are classified according to the age at inspection, and the percentages for each group are given.

CLOTHING.

This was very satisfactory, the percentage of children having unsatisfactory clothing being only 0.5

FOOTGEAR.

Very few cases of unsatisfactory footgear were found. The total percentage of these was 0.7. The percentage of boys was 0.71 and of the girls 0.76.

CLEANLINESS OF HEAD.

The total percentage of children with clean heads, that is, with no vermin present was 93.7. 0.7 of the boys were verminous and 12.6 of the girls. The percentage of the children having vermin in the hair was less than for 1913, 6.4 per cent. as against 17.8, and 18.6 per cent. for 1912.

CLEANLINESS OF BODY.

The total percentage of children not in a clean condition bodily was 1.7.

NUTRITION.

The percentage of children with "excellent" nutrition was 9.7; with "normal" nutrition 47.3; with nutrition "below normal" 33.9; and with "bad nutrition" 9.3.

I have dealt in my former reports with the causes of defective nutrition in children—the want of sufficient nourishing food suitable to the age and powers of digestion of young children; and the need for abundance of fresh air and adequate sleeping accommodation.

HEIGHTS AND WEIGHTS—BOYS. TABLE III.

Age	Number	Height (average)		Weight (average)		Great Britain (British Association, 1883)		England (Tuxford and Clegg)		England & Wales (Greenwood)	
		Centi- metres	Inches	Kilo- grammes	Pounds	Height, Inches	Weight Pounds	Height Inches	Weight Pounds	Height Inches	Weight Pounds
3	1	95.5	37.6	14.3	31.5	...	...	36.4	32.8	36.4	32.9
4	22	98.8	38.6	15.9	35.1	...	...	38.7	35.6	38.6	35.8
5	38	105.5	41.9	18.0	39.7	41.0	39.9	40.6	38.7	40.7	38.5
6	62	111.5	43.9	19.8	43.9	44.0	44.4	42.5	42.6	43.0	42.2
7	59	113.8	44.8	20.7	45.6	46.0	49.7	45.2	46.7	45.0	46.6
8	8	123.4	48.6	23.7	52.3	47.1	54.9	47.0	50.4	47.4	52.2
9	71	126.9	49.9	24.4	53.8	49.7	60.4	49.1	55.4	49.1	55.9
10	54	127.9	50.4	26.8	59.1	51.8	67.5	51.0	60.5	50.9	60.3
11	4	136.1	53.1	30.2	66.5	53.5	72.0	52.8	65.9	53.0	66.5
12	49	140.2	55.2	33.4	73.7	55.0	76.7	55.0	72.9	55.0	73.0
13	56	142.9	56.3	34.5	76.1	56.9	82.6	56.1	77.5	56.0	77.3
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HEIGHTS AND WEIGHTS—GIRLS. TABLE IV.

Age	Number	Height (average)		Weight (average)		Great Britain (British Association 1883)		England (Tuxford and Clegg)		England & Wales (Greenwood)	
		Centi- metres	Inches	Kilo- grammes	Pounds	Height. Inches	Weight Pounds	Height Inches	Weight Pounds	Height Inches	Weight Pounds
3	3	91.8	36.1	13.7	30.2	...	...	36.1	31.8	36.0	31.6
4	16	99.4	39.6	16.0	35.3	...	...	38.6	34.9	38.2	34.9
5	41	104.4	41.1	16.7	36.8	40.6	39.2	40.4	37.6	40.4	37.6
6	72	113.2	44.6	18.8	41.4	42.9	41.7	42.4	40.9	42.6	41.0
7	57	114.3	45.0	20.0	44.1	44.5	47.5	44.8	45.2	44.6	45.0
8	9	120.0	47.2	22.8	50.3	46.6	52.1	46.3	48.9	47.0	49.8
9	50	124.9	49.2	24.8	54.7	48.7	55.5	48.7	54.6	48.7	54.0
10	46	128.6	50.7	25.8	56.9	51.1	62.0	51.1	58.9	50.7	59.1
11	3	128.6	50.7	25.3	55.8	53.1	68.1	52.6	65.2	52.8	65.1
12	51	140.9	55.5	32.8	72.3	55.7	76.4	54.6	73.9	55.6	73.9
13	48	144.2	57.1	35.8	78.9	57.8	87.2	56.9	80.0	57.0	80.4
14	...	...	...	...	...	59.8	96.7	58.7	87.8	58.8	88.9

HEIGHT AND WEIGHT.

Tables III. and IV. set out the average height and weight of the children examined. For the sake of comparison three sets of measurements are placed alongside those for Radnorshire, *viz.*,

- (1) Those of the British Association (Final Report of the Anthropometric Committee, 1883);
- (2) Those of Dr. A. Tuxford, School Medical Officer of Lincs (Holland) and Dr. R. Ashleigh Glegg, School Medical Officer, Lincs (Lindsey), from the examination of 587,635 children in 17 County and 44 Urban Districts in England.
- (3) Those of Mr. Arthur Greenwood, Huddersfield, based on over 800,000 observations recorded in School Medical Officers' reports.

NOSE AND THROAT.

Table II. shows the number of children in the various age groups who have enlarged tonsils and adenoids. In Table V. the total percentages are stated separately for boys and girls.

TABLE V.

Nose and Throat.	Boys.		Girls.	
	Number.	Per Cent.	Number.	Per Cent.
Tonsils :—				
Slightly enlarged ...	102	25.4	115	29.1
Much enlarged	28	6.9	30	7.7
Adenoids	6	1.5	4	1.0

The percentage of girls with enlarged tonsils was greater than that of the boys—girls 36.8 per cent., boys 32.3 per cent. fewer girls than boys were affected with adenoids.

ENLARGED CERVICAL AND SUBMAXILLARY GLANDS.

The total number of children who had any degree of enlargement of the glands of the neck was 491—59.9 per cent. In very few cases was the enlargement of a marked character.

Enlarged tonsils, Adenoids, defective teeth, and verminous condition, are the commonest causes of enlarged glands of the neck.

EXTERNAL EYE DISEASE.

Of these 2 boys and 1 girl had inflammation of the eyes or eyelids (conjunctivitis, blepharitis), and 8 boys and 5 girls were suffering from squint.

EAR DISEASE.

Table II. shows the percentage of children who had obstruction of the ear passage (from wax) and discharge from the ears (otorrhoea). The condition of each ear is stated separately. The number of boys having otorrhoea was in excess of that of the girls.

GOITRE.

Twenty-three boys (7.0 per cent.) and 22 girls (6.8 per cent.) had enlargement of the thyroid gland—goitre. The following are the numbers in the various age groups:—

	Boys.	Girls.
Entrants	2	3
7-8	1	2
9-10	7	9
11	1	—
Leavers	12	8

The total percentage of children having goitre was 6.6. In 1912 and 1913 the percentages were 2.1 and 2.7 respectively.

HEARING.

Children under the age of 6 were not tested. The whispering test was employed in testing.

The hearing of each ear was separately tested, the child being placed at a distance of 20 feet from the whisperer.

Hearing was considered to be "normal" when the whisper was heard at a distance of not less than 15 feet. If only heard between 10 and 15 feet the child was regarded as "slightly deaf," and if the whisper could only be heard under a distance of 5 feet the child was considered "deaf."

The following Table is a summary of the conditions found :

Hearing normal			
(both ears)	85.5	per	cent.
Hearing normal			
(one ear) R.E.	2.1	„	„
L.E.	4.6	„	„
Slightly deaf.			
R.E.	5.8	„	„
L.E.	5.8	„	„
Very deaf.			
R.E.	6.7	„	„
L.E.	4.3	„	„

LUNGS.

Thirty-one children (3.8 per cent.) had bronchitis, either of a temporary nature or more or less chronic and of some years duration. This condition was frequently associated with defective nutrition.

One boy was found to have tuberculosis of the lungs (consumption) and was seen by the Tuberculosis Physician. Some doubtful cases were also referred to him for examination.

SKIN DISEASE.

99.5 per cent. of all the children medically examined were found to be free from disease, but as the parents of the children who suffer from skin disease keep these cases at home, the percentage of children found in school with skin disease is small. 0.2 per cent. had ringworm (representing 2 children).

One girl (0.1 per cent.) was suffering from Impetigo.

Other skin diseases accounted for 0.1 per cent. of the children medically examined.

RICKETS (including DEFORMITIES).

2.5 per cent. of the children were found to have had rickets. The number of boys who had evidence of rickets was greatly in excess of that of the girls. In very few cases was the condition at all marked.

Table II. includes all grades of deformities from a simple malformation or maldevelopment to evident crippling or other serious defect.

SPEECH.

Defective articulation was noticed in 9 children (1.1 per cent.) This condition is often the result of home training, or more correctly, the want of home training.

MENTAL CONDITION.

95.7 per cent. of the children were normal mentally. 3.7 per cent. were either dull or backward. The latter condition was sometimes due to the circumstance that the child had begun school at a comparatively late age.

The percentage of mentally defective children—feeble-minded—was 0.6 per cent.

The Education Authority is now required to make arrangements for the supervision of the mentally defective children in accordance with the provisions of the Mental Deficiency Act, 1913, which came into force on the 1st April, 1914.

Section 31 (1) of this Act is as follows :—

The duties of a local Education Authority shall include a duty to make arrangements, subject to the approval of the Board of Education,

- (a) for ascertaining what children within their area are defective children within the meaning of this Act ;
 - (b) for ascertaining which of such children are incapable by reason of mental defect of receiving benefit or further benefit from instruction in special schools or classes ;
 - (c) for notifying to the local Authority under this Act, the names and addresses of defective children with respect to whom it is the duty of the local Education Authority to give notice under the provisions hereinbefore mentioned.
 - (d) In case of doubt as to whether a child is or is not capable of receiving such benefit as aforesaid or whether the retention of a child in a special school or class would be detrimental to the interests of the other children, the matter shall be determined by the Board of Education.
- (2) The provisions of Section 1 of the Elementary Education (Defective and Epileptic Children) Act, 1899, shall apply with the necessary modifications for the purposes of this Section.

The other Sections of the Mental Deficiency Act, 1913, which directly concern Local Education Authorities are as follows :—

Section 1.—The following classes of persons who are mentally defective shall be deemed to be defectives within the meaning of this Act—

- (a) Idiots; that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers;
- (b) Imbeciles; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so.
- (c) Feeble-minded persons; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection or for the protection of others, or, in the case of children that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools.
- (d) Moral imbeciles; that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on whom punishment has had little or no deterrent effect.

Section 2 (2).—Notice shall, subject to the regulations made by the Board of Education to be laid before Parliament as hereinafter provided, be given by the local Education Authority under this Act in the case of all defective children over the age of seven—

- (a) who have been ascertained to be incapable by reason of mental defect of receiving benefit or further benefit in special schools or classes, or who cannot be instructed in a special school, or class without detriment to the interests of the other children or as respects whom the Board of Education certify that there are special circumstances which render it desirable that they should be dealt with under this Act by way of supervision or guardianship.

- (b) who on or before attaining the age of 16 are about to be withdrawn or discharged from a special school or class, and in whose case the local Education Authority are of opinion that it would be to their benefit that they should be sent to an institution or placed under guardianship.

Section 30 enumerates the various duties of the local control authority and contains the following proviso among others :—

- (iv) Nothing in this Act shall affect the duties or powers of local education authorities under the Education Acts, and the duty of ascertaining what children over the age of seven and under the age of 16 (hereinafter referred to as defective children) are defectives shall rest with the local Education Authority as hereinafter provided and not with the local authority under this Act; and such last mentioned authorities shall have no duties as respects defective children, except those whose names and addresses have been notified to them by the local Education Authority under the provisions of this Act.

In accordance with Section 2 (2) set out above, the Board of Education have issued regulations, and also Model Arrangements framed by the Board for the guidance of local Education Authorities in carrying out the duties imposed upon them by Section 31 (1) of the Act.

The memorandum accompanying the regulations contains the following paragraph :—

The Board also wish to direct the attention of local Education Authorities to the desirability of close co-operation with the parents of mentally defective children in all matters relating to the education of their children, or their notification to the local control authority. In the opinion of the Board it is important that parents should be given ample opportunities of making representations in regard to these matters, and that every endeavour should be made to meet the legitimate views of the parents as to the course which is most consistent with the welfare

of their children, and to keep them informed of their progress. It may be anticipated that the information furnished by the parents will often prove of value in enabling an accurate diagnosis of the case to be made.

Model Arrangements under the Mental Deficiency Act and Elementary Education (Defective and Epileptic Children) Act, 1899.

1. The certifying officers, who may include the School Medical Officer must be approved by the Board of Education.
2. It is the duty of the Head Teacher of every public elementary school, and of the School Medical Officer to bring to the notice of the local Education Authority any children attending the school who appear by reason of mental defect to be incapable of receiving proper benefit from the instruction in an ordinary Elementary School.
3. The School Attendance Officers are required to report to the local Education Authority the names and addresses of children not in attendance at school who appear, or are reputed to be, defective within the meaning of the Mental Deficiency Act.
4. The local Education Authority is required to make arrangements in the case of a child reported for the examination within three months of the child's attaining the age of seven years, and at such other times as may be desirable.

Further paragraphs deal with the steps to be taken by the Certifying Officer as to examination and certification, and with the duties of local Education Authorities.

VISION.

The total number of children whose eyes were tested was 685. The number of children under the age of six years subjected to the eye test was 129.

The total percentage of children who had normal vision in both eyes was 57.7. Table II. shows the percentage (47.3) of

entrants having normal vision in both eyes and rises gradually with each age-group. The number of right eyes having markedly defective vision was 49 (7.1 per cent.); of left eyes 43 (6.3 per cent.) Marked defect is considered to be present when the acuity of vision is 6/18 or over.

SQUINT.

This was present in 1.9 per cent. of all the children medically examined.

Sir George Newman in his Report to the Board of Education says:—

- “(1) That every desk and every part and corner of a school should be well and sufficiently lighted;
- “(2) that the light should be admitted from the left side of the scholars;
- “(3) that light should not come directly from the front in the scholars' eyes;
- “(4) that all kinds of glazing or obscuring which diminish the light should be avoided, and that there should be sufficient window area of clear glass;
- “(5) that the colouring of the walls, ceilings and fittings should be carefully considered as affecting the light;
- “(6) that this point and the size and position of the windows are specially important in their bearing upon the eye-sight of the children.”

VACCINATION.

The following table sets out the condition as to vaccination of all the children medically inspected.

Vaccination	Boys		Girls		Total	
	Number	Per cent.	Number	Per cent.	Number	Per cent.
Vaccinated	356	84.7	331	84.2	687	84.4
No Marks	45	10.7	34	8.7	79	9.8
Not Vaccinated	19	4.5	28	7.1	47	5.8

Some of the children who showed no marks were possibly not vaccinated, but in the absence of the parents it was impossible to ascertain correctly. In any case the table shows that 5.8 per cent. of all the children were quite unprotected in the event of Small Pox being introduced.

The next table shows the number of vaccination marks in the vaccinated cases.

Number of Vaccination Marks			One Mark.	Two Marks	Three Marks	Four Marks	Total
Boys	...	...	16	33	77	234	360
Girls	...	...	13	29	67	224	333
Total	...	...	29	62	144	458	693

FAMILY HISTORY OF CONSUMPTION.

In table II. is shown the percentage of children in whose families there was any history of consumption. A history of this kind, as will be seen from the table, was obtained in 9.4 per cent. of the children inspected.

TREATMENT OF DEFECTS.

The parents of the children found to be suffering from any condition requiring medical treatment were notified in writing. The treatment has been given by medical men, chemists, or by the parents themselves. To be of any service at all, defective conditions should receive the treatment appropriate to them, and this treatment should be of the most thorough description and of an adequate nature. Many local education authorities have now taken up to a greater or less extent the treatment of children either by the formation of School Clinics or by subscribing to hospitals, and in this way skilled attention has been given to children who otherwise would have received little or no treatment. In rural districts constant medical supervision cannot be expected, and the responsibility for carrying it out is necessarily left in the hands of the

parents who may or may not be in a position to do all that is necessary. The Radnorshire Education Committee has adopted the principle of establishing Care Committees in connection with every school in the County, and these should be of great service, but any movement in this direction must be incomplete unless at the same time School Nurses are employed. The work of the Care Committees would necessarily be largely under the supervision and direction of the nurses. The number of nurses required for a County of this kind, where the majority of the children live in sparsely-populated districts, would be large relatively to the population in order to secure effective visiting of the homes of the children. The nurses would not only be necessary for the children suffering from defects, *e.g.*, discharging ears, skin diseases, &c., requiring some form of skilled supervision over the treatment prescribed by the medical man attending, but their services would also be required for children having defects of a more chronic nature, and not so obviously requiring constant medical treatment. Such children would include those that are debilitated and poorly nourished, this condition in many cases being due to want of knowledge or carelessness on the part of parents as to the most appropriate diet for the children, and to ignorance or neglect of proper home hygiene. In general, much of the important work of "following-up" children found to be defective would be well done by School Nurses who would be fully conversant with the condition of the children because of their presence at the schools while the medical inspections were being carried out.

In connection with the reports of Head Teachers which have been received this year (1914) it has transpired that a large number of children have been absent suffering from illness or other condition for which treatment or advice would have been of great value. In some instances a School Nurse, had one been available, could have rendered much assistance to parents in carrying out treatment prescribed by the medical men attending. From some of the reports it appears that in some cases the district nurses did actually attend, with good results.

In the matter of actual treatment, the Education Committee has taken a most important step forward in establishing a Clinic for the treatment of children suffering from defective eyesight. An arrangement has been made under which Dr. Russ Wood, of The Eye Hospital, Shrewsbury, will examine and prescribe for all children recommended to him by the School Medical Officer. The Clinic will be established in the County Buildings, Llandrindod Wells, and Dr. Russ Wood will attend as required several times during the year. The cost per child is estimated at 10s. including 2s. 6d. for the provision of spectacles where these are required.*

The following is a statement of the numbers of children for whom treatment of some kind was obtained, or was promised. The number of children for whom no treatment was obtained, and the number concerning whom no information was obtainable are also given.

			Treated	Treat- ment prom- ised	No Treat- ment	No Inform ation	Total
Defective Vision	...	...	10	2	20	23	55
Squint	...	...	1	...	4	4	9
Enlarged Tonsils	...	...	4	...	3	5	12
Adenoids	...	...	4	...	7	3	14
Defective Hearing	...	...	13	4	17	14	48
Wax in Ears	...	...	1	...	2	3	6
Bronchitis	...	...	4	...	...	2	6
Debility	...	...	1	...	...	...	1
Heart Weakness	...	...	2	...	...	1	3
Ear discharge	...	...	2	...	1	...	3
Defective Teeth	...	...	1	...	2	1	4
Minor Epilepsy	...	...	2	...	...	1	3
Skin disease	...	...	1	...	...	...	1
Anæmia	...	...	1	...	...	...	1
Suspected Phthisis	...	...	...	...	...	1	1
			47	6	56	58	167

BACTERIOLOGICAL EXAMINATIONS.

By arrangements made with the Clinical Research Association, London, 18 swabs were examined bacteriologically.

Bacteriological examinations formerly made by the Clinical Research Association are now done by Dr. Frederick H. Parker, Llandrindod Wells, who has a complete installation for this purpose. I made a personal inspection of his laboratory and satisfied myself that the work could be as competently done by Dr. Parker as by the Clinical Research Association.

Bacteriological examination is of great value in determining when a child, who has had an attack, may safely be allowed to resume school attendance, and when applied to other children of the same family is a valuable means of detecting diphtheria in an early or unrecognised stage. The same procedure should be employed in the case of other members of the family who are not of school age, as the arrangements in force only apply to school children.

SCHOOL CLOSURES.

The following Schools were closed during the year on account of infectious or contagious disease. In all cases both dates are included within the period of closure.

School	Period of Closure	Article of Code under which School closed	Disease
Llanelwedd ...	30th Jan. 1914 to 13th Feb. 1914	Article 45 (b)	Scarlet Fever
Heyope ...	20th April, 1914 to 1st May, 1914	On the advice of District M.O.H.	Measles
Crugbyddar ...	28th April, 1914 to 8th May, 1914	Article 45 (b)	"
Beguildy ...	11th May, 1914 to 22nd May, 1914	"	"
Heyope ...	18th May, 1914 to 22nd May, 1914	"	"
Crugbyddar ...	25th May, 1914 to 5th June, 1914	"	"
Beguildy ...	25th May, 1914 to 5th June, 1914	"	"
Llanbister	8th June, 1914	"	"
Cantal	to 19th June, 1914	"	"
Llanbister	15th June, 1914,	"	"
Village	to 3rd July, 1914	"	"
Heyope ...	22nd June, 1914 to 3rd July, 1914	On the advice of District M.O.H.	"
Llangunllo ...	22nd June, 1914 to 3rd July, 1914	"	"
Stanage ...	22nd June, 1914 to 10th July, 1914	"	"
Bleddfa ...	24th June, 1914 to 3rd July, 1914	Article 45 (b)	"
Nantgwyn ...	19th June, 1914 to 10th July, 1914	"	"
Whitton ...	6th July, 1914, to 17th July, 1914	"	"
Bwlchysarnau	6th July, 1914 to 10th July, 1914	"	"
Knighton	7th March, 1914	"	"
(Infants)	to 20th Mar, 1914	"	"
Stanage ...	13th July, 1914 to 17th July, 1914	"	"
Presteign	13th July, 1914	On the advice of	"
Greenfields	to 17th July, 1914	District M.O.H.	"
Bwlchysarnau	13th July, 1914 to 31st July, 1914	"	"

SCHOOL CLOSURES—Continued.

School	Period of Closure	Article of Code under which School Closed	Disease.
Whitton ...	20th July, 1914 to 31st July, 1914	Article 45 (b)	Measles
Presteign Council	28th July, 1914 to end of term	On the advice of District M.O.H.	"
Presteign C of E	28th July, 1914 to end of term	"	"
Llangunllo ...	24th Sept. 1914 to 16th Oct. 1914	Article 45 (b)	"
Llandrindod Council	28th Oct., 1914 to 13th Nov. 1914	"	Mumps and Chicken Pox
Llandrindod Council	20th Nov. 1914	On the advice of District M.O.H.	"
Howey ...	13th Nov., 1914 to 14th Dec. 1914	Article 45 (b)	Mumps
Llandrindod C of E	14th Dec. 1914 (still closed)	"	Mumps and Scarlet Fever
Llandrindod Council	14th Dec., 1914 (still closed)	"	Mumps
Howey ...	15th Dec., 1914 (still closed)	"	"

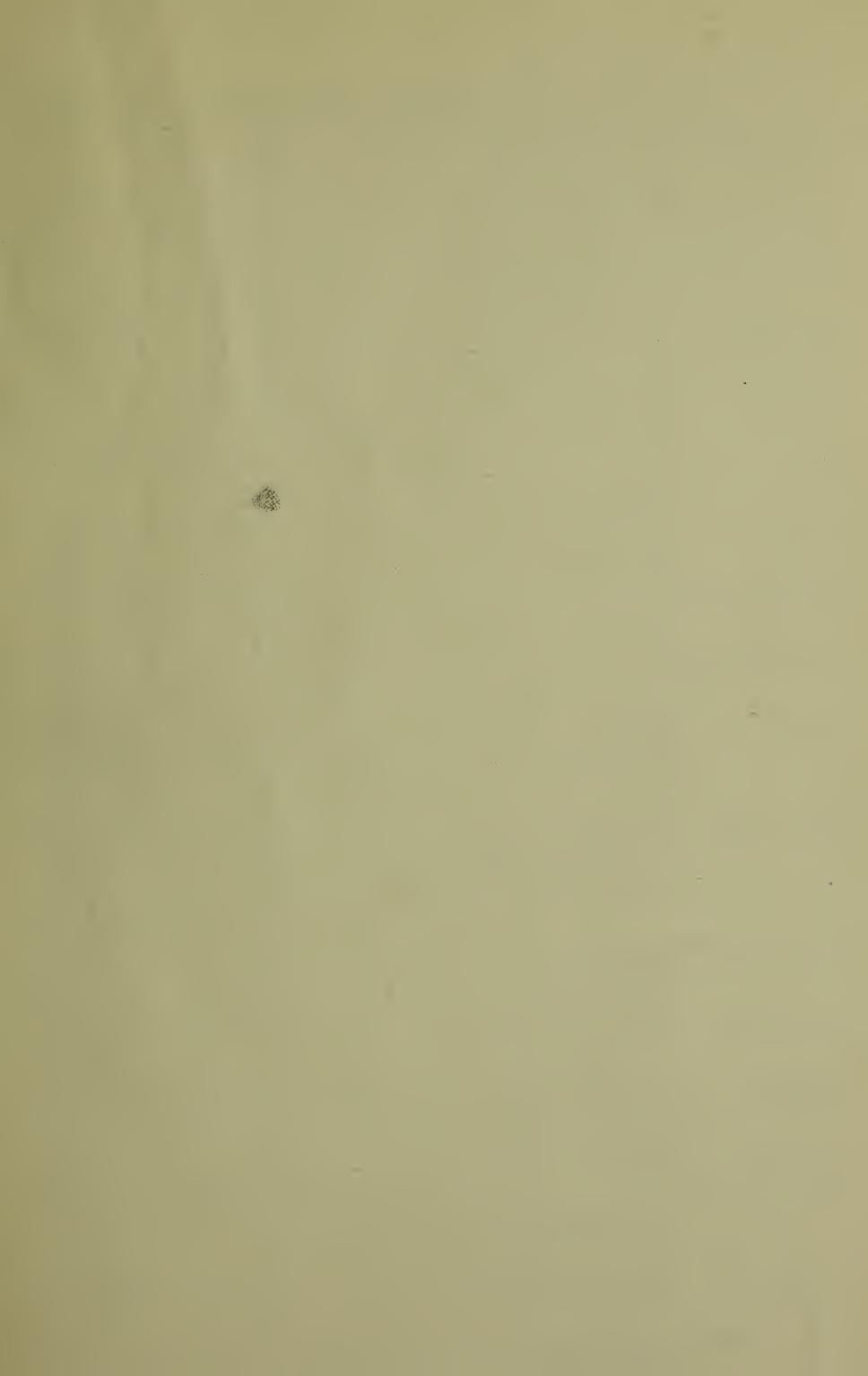


TABLE II.

Return Showing the Physical Condition of Children Inspected.

CONDITION.		Entrants.				Leavers.				7-8.				9-10.				11.				Total.					
		Boys	Girls	Total	Per Cent.	Boys	Girls	Total	Per Cent.	Boys	Girls	Total	Per Cent.	Boys	Girls	Total	Per Cent.	Boys	Girls	Total	Per Cent.						
Total Inspected.		123	132	255	100.0	105	99	204	100.0	87	68	155	100.0	138	96	234	100.0	4	3	7	100.0	424	386	810	100.0		
Family History of Consumption	...	9	13	22	8.5	13	12	25	12.3	3	6	9	8.7	11	9	20	9.0	...	1	1	14.3	36	41	77	9.4		
	Vaccinated	94	104	198	77.6	88	83	171	81.3	61	58	119	89.0	113	81	194	87.8	4	2	6	85.7	350	333	683	84.8		
	Not Vaccinated	7	11	18	7.1	5	8	13	6.4	2	3	6	3.7	5	6	11	4.9	...	1	1	14.3	45	35	80	9.8		
Sight	Satisfactory	123	128	255	100.0	104	99	203	99.1	87	88	133	100.0	123	96	219	98.6	4	3	7	100.0	421	395	816	99.5		
	Unsatisfactory	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Foodgear	Satisfactory	123	128	254	99.6	1	...	...	...	87	64	131	98.0	124	95	219	99.1	4	3	7	100.0	421	393	814	99.3
	Unsatisfactory	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cleanliness of Head	Clean (i. e. no pediculosis or nits)	123	131	235	92.0	1	89	183	94.6	67	59	126	94.7	124	83	207	93.7	...	...	...	...	422	347	769	93.7
	Nits only	1	19	20	7.8	1	10	11	4.4	...	7	7	6.3	1	13	14	4.3	4	3	7	100.0	3	49	52	6.4		
Cleanliness of Body	Clean	120	131	251	98.4	98	108	197	96.6	66	66	132	99.0	118	92	210	94.1	4	3	7	100.0	411	395	806	98.3		
	Dirty	3	1	4	1.6	...	1	6	2.9	2	...	...	...	...	...	...	...	...	...	...	...	13	1	14	1.7
Nutrition	Excellent	13	10	23	9.0	17	24	41	20.0	...	...	...	...	6	6	12	5.4	...	...	...	...	36	43	79	9.7
	Normal	40	81	121	47.3	41	33	74	36.0	22	27	40	36.9	49	49	98	48.0	...	...	...	...	172	211	383	47.3
	Below Normal	42	32	74	29.0	37	18	55	27.0	34	27	61	46.9	52	32	84	38.0	2	1	3	42.9	187	117	304	37.9		
	Bad	3	9	12	4.6	4	14	19	9.0	11	9	20	15.0	10	9	19	8.6	...	...	...	...	44	32	76	9.4
Nose and Throat	No defect	85	95	180	70.5	78	66	144	70.6	41	38	79	59.4	89	49	138	62.4	2	...	2	26	285	248	543	66.2		
	Tonsils slightly enlarged	32	26	58	22.7	20	27	47	23.0	18	25	43	32.3	31	34	65	29.4	1	3	4	50.0	102	116	218	26.5		
	Adenoids, slight	6	9	15	5.9	7	6	13	6.4	8	3	11	8.2	6	12	18	8.2	1	1	14.3	33	58	91	11.2			
External Ego Disease	No defect	1	2	3	1.2	...	...	...	...	1	3	4	5.0	2	3	5	2.2	...	...	...	...	6	4	10	2.5
	Tonsils slightly enlarged	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Adenoids, slight	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Adenoids, slight	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ear Disease	No disease	122	129	251	98.5	99	98	197	98.8	65	66	131	98.5	120	91	211	96.5	4	2	8	85.7	410	389	799	97.4		
	Suppurative	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Conjunctivitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Cornal opacities	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other disease	1	2	3	1.2	5	5	2.5	2	...	...	...	...	2	1.5	4	2	6.7	...	1	14.3	3	5	8	1.0
Tooth	No disease	123	130	253	99.2	101	99	200	98.0	65	65	130	97.7	122	91	213	96.0	...	2	2	28.6	411	387	798	97.3		
	Decayed: Right	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Decayed: Left	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Decayed: Right	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Decayed: Left	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tooth	Sound	25	21	46	18.0	12	6	18	8.8	4	4	8	6.0	3	6	9	1.0	1	14.3	44	17	61	7.4
	Less than 4 decayed	28	32	60	23.5	38	39	77	37.7	15	6	21	15.8	34	16	50	22.5	1	...	1	14.3	44	37	81	10.0		
	4 or more decayed	70	79	149	58.4	55	54	109	53.4	48	56	104	78.2	88	74	162	73.3	3	2	5	71.4	264	265	529	65.5		
Enlarged Glands (Tonsil)	No enlargement.	60	52	112	43.9	47	41	88	43.1	29	16	45	33.4	46	36	82	37.1	2	...	2	28.6	184	145	329	40.4		
	Enlargement (all grades)	63	80	143	56.0	58	58	116	56.9	38	50	88	66.6	79	60	139	62.9	2	3	5	71.4	240	251	491	59.8		
Heart & Circulation	No disease	82	110	192	75.3	72	76	148	72.0	42	43	85	63.9	81	70	151	68.6	...	...	...	...	276	299	575	70.4
	Organic disease	5	2	7	2.7	6	3	9	4.4	2	1	3	2.3	2	3	5	2.1	6	35.7	18	27	34.1	
	Functional disease	7	9	16	6.3	4	4	8	3.9	4	8	16	10.3	8	12	20	8.6	...	...	...	...	14	19	33	4.1
	Anemia	29	18	47	18.4	18	16	34	16.7	17	17	34	25.6	3	21	24	10.3	...	...	...	...	14	30	44	5.4
	Other defects	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lungs	No disease	120	130	250	98.0	99	99	198	99.2	86	85	171	98.5	120	92	212	99.0	3	3	8	85.7	468	380	748	96.0		
	Chronic Bronchitis and Bronchial Catarrh	3	2	5	1.9	...	...	...	...	1	1	2	1.5	...	...	...	...	...	...	...	...	14	16	31	3.8
Skin	No disease	121	131	252	98.8	105	99	204	100.0	66	66	132	99.2	125	96	221	100.0	4	3	7	100.0	421	395	816	99.5		
	Itching: Body	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Itching: Head	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Impetigo	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rheumatism, including Deformities	No disease	117	130	247	96.8	102	99	201	98.9	63	4	85	128	96.2	121	4	93	41.8	4	3	7	100.0	407	383	800	97.5	
	Stiff (Marked)	6	2	8	3.1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17	3	20	2.5
Speech	Not defective	119	131	250	98.0	99	99	198	97.1	65	65	130	97.7	122	95	217	98.2	4	3	7	100.0	409	393	802	97.8		
	Defective articulation	2	1	3	1.2	2	...	...	...	1	1	2	1.5	...	...	...	...	...	...	...	...	6	3	9	1.1
	Stammering	2	...	...	...	4	4	2.0	1	...	...	...	...	...	...	...	...	...	...	...	...	9	...	...	...
Pharyngeal Condition	Normal	121	123	243	99.2	97	96	193	94.8	61	64	125	93.9	117	91	208	94.1	4	2	6	85.7	400	385	785	95.7		
	Dull or backward	2	...	...	...	2	2	1.0	4.4	1	1	2	1.5	...	...	...	...	...	...	...	...	...	...	...
	Mentally defective (all grades)	...	...	...	...	1	1	2	0.9	...	1	1	0.7	...	...	...	...	...	...	...	...	...	...	...
Vision	Total Inspected.	59	70	129	100.0	104	98	202	100.0	65	64	130	100.0	123	94	217	100.0	4	3	7	100.0	356	299	655	100.0		
	6/5 each eye (normal vision)	30	31	61	47.3	72	61	133	65.8	36	29	65	40.0	77	52	129	59.4	4	3	7	100.0	199	174	373	57.7		
	8/6 R	1	2	3	2.3	9	4	13	8.4	3	4	3.1	7	4	11	5.0	...	...	...	...	20	11	31	4.5	
	8/6 L	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	8/9 R	14	20	34	26.3	15	8	23	13.8	2	12	9.2	7	9	16	7.4	...	...	...	...	23	19	42	6.2	
	8/9 L	13	22	35	27.1	9	13	22	10.9	12	25	37	28.0	25	25	50	23.0	...	...	...	...	71	88	159	23.2
	8/12 R	3	3	6	4.8	3	7	10	5.0	3	3	6	4.6	5	1	6	2.3	...	...	...	...	14	14	28	4.1
	8/12 L	2	1	3	2.3	4	6	10	5.0	1	3	4	3.1	5	5	10	4.4	...	...	...	...	13	17	30	4.4
	8/18 R	2	1	3	2.3	2	3	5	2.5	2	4	3.1	3	3	6	2.8	...	...	...	...	8	12	20	2.9	
	8/18 L	2	1	3	2.3	2	3	5	2.5	2	4	3.1	3	3	6	2.8	...	...	...	...	9	8	17	2.5	
	8/24 R	...	...	...	...	2	2	4	2.0	...	2	2	1.5	3	4	1.8	...	...	...	...	5	7	12	1.8	
	8/24 L	...	...	...	...	...	...	...	...	1	1	0.5	1	1	2	1.0	...	...	...	...	3	2	5	0.7	
	8/36 R	...	...	...	...	...	...	...	...	1	1	0.5	2	3	1.4	...	...	...	...	4	5	9	1.3		
	8/36 L	...	...	...	...	...	...	...	...	1	1	0.5	2	3	1.4	...	...	...	...	4	5	9	1.3		
	6/0 R	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

